

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 27 Primary Registration District No. 4031 Registrar's No. 141 **63-027184**

FILED AUG 5 1963

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Bates</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Adrian</u> | | c. CITY OR TOWN <u>Adrian</u> | |
| Length of stay in lb <u>4 Years</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If outside, give location) | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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|--|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or print) First <u>Grace</u> Middle <u>Fern</u> Last <u>VanDeventer</u> | | | 4. DATE OF DEATH Month <u>August</u> Day <u>1</u> Year <u>1963</u> | | |
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|----------------------|-------------------------------|---|---------------------------------|----------------------------------|---|--|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>10-4-88</u> | 9. AGE (last birthday) <u>74</u> | IF UNDER 1 YEAR Months <u>9</u> Days <u>27</u> | IF UNDER 24 HR Hours <u></u> Min. <u></u> |
|----------------------|-------------------------------|---|---------------------------------|----------------------------------|---|--|

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|--|-----------------------------------|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Preston, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>George Galen Cook</u> | 13b. MOTHER'S MAIDEN NAME <u>Pauline Bandle</u> | 14. NAME OF HUSBAND OR WIFE <u>Joseph H. VanDeventer</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address <u>J.H. VanDeventer, Adrian, Mo.</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), or (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u> | | <u>15 hrs</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Arterio sclerosis</u> | <u>5 yrs</u> |
| DUE TO (c) | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> | Month, Day, Year |
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|--|--|------------------------------|--------|-------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE |
|--|--|------------------------------|--------|-------|

21. I attended the deceased from Mar 28 1961, to Aug 1 1963 and last saw her ^{her} _{him} alive on Aug 1 1963
Death occurred at 1:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>D. J. Colson DO</u> (Degree or title) | 22b. ADDRESS <u>Adrian Mo</u> | 22c. DATE SIGNED <u>8-1-63</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>8-3-63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Sharon Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Drexel, Mo.</u> |
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| 24. FUNERAL DIRECTOR ADDRESS <u>Six Funeral Service, Adrian, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>8-1-63</u> | 26. REGISTRAR'S SIGNATURE <u>Margaret Wilson</u> |
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Claude [Signature]

Licensed Embalmer No. 3650

P. O. Address Adrian, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

*Permit issued 8-1-63
11/12*